

State of New Mexico
Voucher Batch Report
BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
AsOfDate 04/15/2013
Voucher Vchr VchrLineDescr Distr Account Account Description Fund VendorName 1099 Withhold Year Month

#3000019108
4.19.13

00332133	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06105	ADAMS RICH-001	2013	04	0000099787	Adams, R. 4.1-4.	520.00
Total For Voucher												520.00

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500
 Voucher ID: 00332133
 Voucher Style: Regular
 Invoice Number: Adams, R. 4.1-4.5.13
 Invoice Date: 04/11/2013
 Total: 520.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

*Pay Terms: Pay Now Schedule Payments

Payment Information Find | View All First 1 of 1 Last

Scheduled Payment: 1
 *Remit to: 0000097303
 Location: 001
 *Address: 1
 Gross Amount: 520.00 USD
 Discount: 0.00 USD
 Late Charge
 Scheduled Due: 04/11/2013
 Net Due: 04/11/2013
 Discount Due:
 Accounting Date:

ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345

Payment Method
 *Bank: WFB10
 *Account: B
 *Method: ACH ACH
 *Netting: N
 Pay Group: RE
 *Handling:
 Message: Message will appear on remittance advice.

Messages

[Summary](#)[Invoice Information](#)[Payments](#)[Voucher Attributes](#)[Error Summary](#)

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Invoice Number: Adams, R. 4.1-4.5.13

Voucher ID: 00332133

Invoice Date: 04/11/2013

Voucher Style: Regular

Total: 520.00

Voucher Processing

☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD

Account At: Gross

Match Action

*Status: Matched

☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables

*Currency: USD

Rate Type: CRRNT

Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level

Business Process: PROCESS_VOUCHERS

Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-

SBI Number:

Prepayment

Prepayment Reference:

☐ Automatically Apply Prepayment☐ Postpone Withholding

Letter of Credit

Letter of Credit ID:

NAME	DEPARTMENT OF HEALTH
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STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE	1	DATE	4/5/2013
AGENCY		VOUCHER NUMBER	00352133
CODE	66500		

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000/06105	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.	
	Course Name:	Meeting with Staff in Santa Fe also meeting with Public health staff in Farmington.
	<input checked="checked" type="checkbox"/> Check if training is required	<input type="checkbox"/> Check if Continuing Education credits will be granted

Travel Information	Date of Request:	03/29/13	Destination:	Santa Fe & Farmington				
	Departure Date: (month/day/yr)	04/01/13	Time:	06:00 AM	Return Date: (month/day/yr)	4/5/13	Time:	06:00 PM
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:							

* **If actuals are requested:** Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: @ .44 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem: 1 @ \$85/day	\$ 85.00
546800: Registration – Vendor		Santa Fe Only: 3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .44 per mile	\$ 0.00	Total reimbursement to employee	\$ 520.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 520.00
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Employee Signature 4-1-13
Date

Supervisor/Bureau Chief Signature **Date**

Division Director/Hospital Administrator **Date**
(As per specific division requirements)

James Lee 4/2/13
Cabinet Secretary Signature Date
(To be obtained for Division Directors' requests and
when Division Directors are not available to sign approval.)

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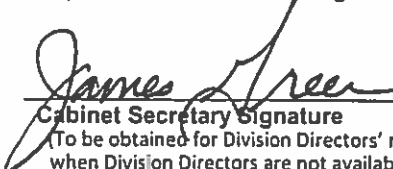
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